

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kevin Thompson

16CV3477

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

(Sgt) Booth (RN) Peterson

(Co) Salerno (MD) Hill

(Co) Gannat (NY) Scott B

(Co) Jordan (HD) Woods

(Co) Vigna

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

RECEIVED
CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
JUL 15 1983

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	Kevin Thompson
	ID #	03A6844
	Current Institution	Great Meadow C.F.
	Address	PO Box 51 Connsbck New York
		12821-0051

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1	Name	(SGT) Booth	Shield #
	Where Currently Employed	Fishkill Correctional Facility	
	Address	18 Slauk Dr	
		Beacon, N.Y.	12508-0307

Defendant No. 2

Name (Co) Salerno Shield #
Where Currently Employed Fishkill Correctional Facility
Address 18 Stack Dr Beacon, NY 12508-0307

Defendant No. 3

Name (Co) Garnat Shield #
Where Currently Employed Fishkill Correctional Facility
Address 18 Stack Dr Beacon, NY 12508-0307

Defendant No. 4

Name (Co) Jordan Shield #
Where Currently Employed Fishkill Correctional Facility
Address 18 Stack Dr Beacon, NY 12508 0307

Defendant No. 5

Name (Co) Ling Shield #
Where Currently Employed Fishkill Correctional Facility
Address 18 Stack Dr Beacon, NY 12508-0307

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Fishkill Correctional Facility
18 stack Dr Beacon NY 12508-0307

B. Where in the institution did the events giving rise to your claim(s) occur?

Housing Unit 6-1

C. What date and approximate time did the events giving rise to your claim(s) occur?

January 13, 2014
On or about 12:15 am

D. Facts: On the Date of 10-31-2013 I had Left Surgery and from

the results of this surgery I was put into a Cast and Further put into Crutches On the Date of January 13th 2014 at 12:15 am as I was coming out of the Bathroom I began to have a seizure, in which I have a disorder that is inside my medical Records. At this time the Responding Officers instead of helping I Plaintiff assaulted and Battered Plaintiff, Chained, with no remorse until Plaintiff was unconscious and had to get rushed to a outside hospital. No Pictures were taken of the Assaulting Officers because Officers knew that obvious Injuries would show assault and Battery. Officers also failed to cover up the assault by saying that Plaintiff tried to pick up a chair which would be impossible because Plaintiff was on Crutches. In all a Plaintiff had a serious seizure and needed help, and was disabled and defenseless. Defendants didn't take any pictures because the blatant assault that resulted in a loss of breath, Broken fingers, and surgery to the neck (RN) Patterson failed to take pictures also for medical purposes besides in the UI Report. Pictures were taken at a outside hospital where Medical contradicted by saying I returned then compared (See Medical Records) Witnesses to this assault are (Briggs) (A548) (Montgomery) (892895 and (Joe) (893855) Plaintiff has permanent scarring, trouble getting out of bed, permanent Injuries Mental and Physical anguish behind that assault. (See Grievance GM-84 (800-15) Violation of 8th Amendment and 14th Amendment Plaintiff had Luke Champs and was Unlawfully Confined from Jan 14th 2014 to March 3rd 2014

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Surgeries to neck, teeth
knocked out, surgery to left thumb,

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Fishkill Correctional Facility
PO Box 307 State Route 52 Beacon New York 12508-0307

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? Assault w/ Battery

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Fishkill

1. Which claim(s) in this complaint did you grieve?

Assault and Battery and the due need of Medical Attention

2. What was the result, if any?

They were never processed

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

They drafted me out of the prison

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

NA

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any. Informed all
Nursing and Doctor Staff.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Article 28
Index 2552-13

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like the
sum of 5,000,000.00 \$ Fine
Billions Dollars for the perm. sc. Damage
of Missing teeth, unequal neck linage, scarring
(I am unable to turn my neck in a circular
motion or from left to right) I have to move
my whole body with my neck. My thumb has
scarring and I am unable to move or
use it as a normal functioning.

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ☐ No ☒

On these claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/S Claim

Defendants State of New York Attorney General No claim #

2. Court (if federal court, name the district; if state court, name the county) Orange County

3. Docket or Index number

4. Name of Judge assigned to your case Judge Succimarra

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition Aug 17 2015

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Settled

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

On
other
claims

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Kevin Thompson

Defendants State of New York

2. Court (if federal court, name the district; if state court, name the county) NH

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 24 day of Apr., 2016

Kevin Thompson
Signature of Plaintiff
03-A-6844
Inmate Number
Great Meadows C.F.
Institution Address
PO Box 51
Camstock New York
12821

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 26 day of Apr., 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Thompson Kevin

Sworn to and subscribed before me
on this 26 day of Apr., 2016
Edward C. Carpenter
Signature of Notary Public

Edward C. Carpenter
Notary Public, State of New York
Qualified in Washington Co. No. 01CA6193364
My Commission Expires September 15, 2016

VERIFICATION

STATE OF NEW YORK)
COUNTY OF WASHINGTON) ss.:

Kevin Thompson, being duly sworn, deposes and says that deponent is the petitioner in the above captioned proceeding, that he has read the foregoing petition and knows the contents thereof, that the same is true to deponent's own knowledge, except as to matters therein stated upon information and belief, which matters deponent believes to be true.

Respectfully submitted

Kevin Thompson
I.D. #
Great Meadow Correctional Facility
P.O. Box 51
Comstock, New York 12821

Sworn to before me on this

26 day April, 2016
[Signature]
Notary Public

Edward C. Carpenter
Notary Public, State of New York
Qualified in Washington Co. No. 01CA6193364
My Commission Expires September 15, 2016

AFFIDAVIT OF SERVICE

State of New York)
County of Washington) ss:

I, Kevin Thompson, being duly sworn, deposes and says:

That I am the petitioner/defendant/appellant named herein and make this affidavit

of service to establish service upon the below named parties pertaining to
petitioner/defendant/appellant's 1983 to Southern

District of New York 10007-1312

by placing such in a sealed envelope and placed in a U.S. postal box located at Great
Meadow C.F., Box 51, Comstock, New York 12821, and served upon the below named
parties at the below address:

Sworn to before me this

26 day of April 2016

Thompson Kevin


NOTARY PUBLIC

Edward C. Carpenter
Notary Public, State of New York
Qualified in Washington Co. No. 01CA6193364
My Commission Expires September 15, 2016

Kevin Thompson

Great Meadow C.F.
P.O. Box. 51
Comstock New York 12821-0051

Date: 4-28-16

U.S. District Court, Southern District of New York
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street, New York, N.Y. 10007-1312

-Certificate of Service-

State of New York)
County of Washington) ss.

I Kevin Thompson duly Deposes and says that on the 28 Day of April 2016
Plaintiff, respectfully Serve the Clerk of the Court One Original and
two Copys of his 1983 Civil Law Suit Upon the Following Party(s)

By Placing the Same in the Great Meadow Mail Box Under the exclusive
care and Custody of the United States Postal Services to: the above Mentioned

SWORN TO BEFORE ME THIS

28 DAY OF April 2016


NOTARY PUBLIC

Edward C. Carpenter
Notary Public, State of New York
Qualified in Washington Co. No. 01CA6193364
My Commission Expires September 15, 2016

Respectfully Submitted,

x Kevin Thompson

Kevin Thompson

GreatMeadow C.F.
P.O. Box 51
Comstock New York 12821-0051

Date: 4-28-16

U.S District Court, Southern District of New York
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street , New York, N.Y. 10007-1312

Dear Clerk of the Court,

Good Day to you !!! Please be advised that I am respectfully addressing this letter to your Office/Person for the Following reasons:

- 1). Enclosed you will find a §1983§ for assault and battery with the violation of due Process.
- 2). The violation of these Amendments 14 and 8th would give Cause to show of Physical Anguish as well as Mental, in concert with the Unlawful Confinement.

Thank You for Your Time and Consideration.

CC/:

Respectfully Submitted,

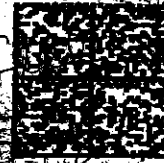
x Kevin Thompson

2016 APR 10 PM 5:55
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kevin Thompson #03A6844
Great Meadow C.F.
P.O. Box 57
Canstock New York 12821-0051

Great Meadow

Correctional Facility



Pro 8
5/9/16

2016 MAY 01 10 51 AM
SDNY

USM^{P3}
SDNY

LEGAL MAIL

Clerk of The Court
U.S. District Court Southern
District of New York Daniel Patrick
Moynihan United States Courthouse
500 Pearl Street New York
N.Y. 10007-

